

Mental Health & Intellectual Developmental Disability (MH-IDD)

Random Moment Time Study

The Agenda

Random Moment Time Study (RMTS) will include:

RMTS Overview

RMTS Requirements

Contacts – Roles and Responsibilities

Participant List

Moment Selection

Moment Response

System Demonstration

Polling Questions

Medicaid Administrative Claiming (MAC) Overview

Wrap up

What is Random Moment Time Study (RMTS)?



A valid random sampling technique that measures the participant's time performing work activities



The “Moment” represents one minute of time that is randomly selected from all available moments within the quarter



Statewide time study sample

Regardless of the MH-IDD the time study participant is located, once the moment has occurred, please logon to STAIRS and respond to the series of questions documenting the activity being performed and the name of the entity.



Significantly reduces staff time needed to record participant activities

Overview - Purpose of RMTS

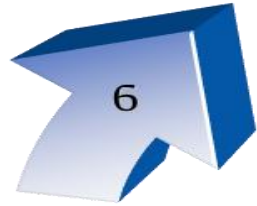
- **To determine the percentage of time the MH-IDD incurs assisting individuals to access medically necessary Medicaid funded services**
 - Medicaid Outreach
 - Medicaid Eligibility Determination
 - Medicaid Referral, Coordination, and Monitoring
 - Medicaid Staff Training
 - Medicaid Transportation
 - Medicaid Translation
 - Medicaid Program Planning, Development & Interagency Coordination
 - Medicaid Provider Relations
- **To reasonably identify staff time spent on activities during the given quarter.**

Overview – Time Study Activities

- Direct Medical** – Providing care, treatment and/or counseling
- Outreach** – Informing students, families and groups about available services
- Eligibility** – Assisting students or families with the Medicaid eligibility process
- Referral, Coordination, and Monitoring** – Making referrals, coordinating and/or monitoring activities on a student's Individualized Educational Plan (IEP)
- Staff Training** – Coordinating, conducting or participating in training pertaining to medical or Medicaid services
- Translation** – Arranging or providing translation to a student or family to access medical or Medicaid services
- Transportation** – (Exclude bus drivers) aides and monitors accompanying students in need of personal care services or arranging transportation to medical services
- Program Planning, Development & Interagency Coordination** – Developing strategies to improve the coordination and delivery of medical or Medicaid services
- Provider Relations** – Activities to secure and maintain Medicaid providers

Overview – RMTS Process

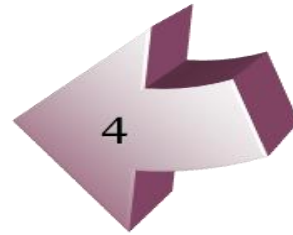
HHSC contractor codes moment



Participant responds to selected moment by answering moment online



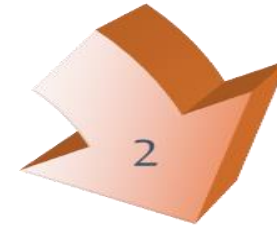
RMTS Contact ensures selected participants are trained



RMTS Contact identifies pool of time study participants



HHSC Contractor identifies pool of available time study moments



HHSC Contractor randomly matches moments and participants



Requirements for RMTS

- Time Study Periods (Federal Fiscal Quarters)
 - 1st Quarter - October, November, December
 - 2nd Quarter - January, February, March
 - 3rd Quarter - April, May, June
 - 4th Quarter – July, August, September
- To claim MAC must participate in time study.
- Participant List (PL) must be certified for entity to participate in the random moment time study (RMTS).
- To be included on the MAC claim, the position must be included on the PL.
- A statewide response rate of 85% for RMTS moments is required.
- Mandatory annual training for RMTS Contact and participants is required.

Requirements - Important Dates

| <u>Event</u> | <u>Opens/Begins</u> | <u>Closes/Ends</u> (6 p.m CT) |
|------------------------------|---------------------|----------------------------------|
| <u>Participant List (PL)</u> | | |
| • 1st Quarter PL | 08/13/2021 | 09/15/2021 |
| • 2nd Quarter PL | 09/16/2021 | 12/15/2021 |
| • 3rd Quarter PL | 12/16/2021 | 03/15/2022 |
| • 4th Quarter PL | 03/16/2022 | 06/15/2022 |
| <u>Time Study (TS)</u> | | |
| • 1st Quarter TS | 10/01/2021 | 12/31/2021 |
| • 2nd Quarter TS | 01/03/2022 | 03/31/2022 |
| • 3rd Quarter TS | 04/01/2022 | 06/30/2022 |
| • 4th Quarter TS | 07/01/2022 | 09/30/2022 |

Requirements — Training

Each RMTS Contact must complete HHSC training annually

RMTS contacts are required to complete only one HHS annual initial training and then are eligible to take “refresher” trainings.

Initial training must be interactive and therefore must be conducted via Face-to-Face, Webinar, Skype or Teleconference

Refresher training may be conducted via CD's, videos, web-based and self-paced training

HHSC **requires** that all participating MH-IDD's have at least 2 employees attend mandatory RMTS Contact training

Trained RMTS contacts are responsible for training Time Study (TS) participants annually

MAC Financial Contact training is mandatory and held separately

Requirements – Managing Training



Welcome, [Redacted] ([Logout](#))

[Dashboard](#) > [Participant List](#) > [Time Study Sample](#) > [MAC Financial Submission](#) > [Manage](#)

[Manage Contacts](#) | [Manage Training Status](#)

FY2020 -- [Redacted]
RMTS Contact Trainings

Filters: FY2020 [Redacted] RMTS Contact Trainings [Redacted] All Users [Redacted] [Confirm](#)

[Preparers Available for Hire](#)

| Actions | FB User Id | First Name | Last Name | District | Trained | Status | Training | Training Period | Willing to Hire Out? * |
|---|------------|------------|------------|---|---------|--------------------------|---|-----------------|-------------------------------------|
| No Access | 1521910 | [Redacted] | [Redacted] | [Redacted] (Secondary MAC Financial Contact) | Yes | No Access to PL and TS | RMTS 2020 - MHIDD Refresher (Webinar 2019-08-07, 08:30:00-11:00:00) | FY2020 | No |
| Make View-only | 1521947 | [Redacted] | [Redacted] | [Redacted] (Secondary RMTS Contact, Secondary MAC Financial Contact) | Yes | Full Access to PL and TS | RMTS 2020 - MHIDD Refresher (Webinar 2019-08-21, 13:00:00-15:30:00) | FY2020 | No |
| Make View-only | 696836 | [Redacted] | [Redacted] | [Redacted] (Secondary RMTS Contact, Secondary MAC Financial Contact) | Yes | Full Access to PL and TS | RMTS 2020 - MHIDD Refresher (Webinar 2019-08-07, 08:30:00-11:00:00) | FY2020 | No |
| Yourself | 1018318 | [Redacted] | [Redacted] | [Redacted] (Primary RMTS Contact, Primary MAC Financial Contact) | Yes | Full Access to PL and TS | RMTS 2020 - MHIDD Refresher (Webinar 2019-08-21, 13:00:00-15:30:00) | FY2020 | No Change to Yes |
| Make View-only | 1610702 | [Redacted] | [Redacted] | [Redacted] (Secondary RMTS Contact, Secondary MAC Financial Contact) | Yes | Full Access to PL and TS | RMTS 2020 - MHIDD Initial (Webinar 2020-02-20, 08:30:00-12:00:00) | FY2020 | No |
| Not Trained | 425553 | [Redacted] | [Redacted] | [Redacted] (Secondary RMTS Contact, Secondary MAC Financial Contact, Primary CEO) | No | No Access to | | | |
| Not Trained | 730381 | [Redacted] | [Redacted] | [Redacted] (Secondary RMTS Contact, Secondary MAC Financial Contact) | No | No Access to | | | |
| Not Trained | 437847 | [Redacted] | [Redacted] | [Redacted] (Secondary RMTS Contact, Secondary MAC Financial Contact) | No | No Access to | | | |
| * Choosing "Yes" means that you authorize the release of your name and contact information to the general public as someone who is willing to be hired to provide contract services to others. NOTE: You must have attended training for the relevant period and role type in order to select "Yes". Neither HHSC nor Fairbanks will endorse an individual's capabilities to provide the contract service. | | | | | | | | | |

RMTS Information
[RMTS Information Website \(TX - HHSC\)](#)

MAC Information
[MAC Information Website \(TX - HHSC\)](#)

- Full Access versus View Only Access.
- System Access is limited to “View Only” until training is completed

STAIRS Contacts

Entity Contacts

- Chief Executive Officer (CEO)
- RMTS Contacts
- MAC Financial Contacts

Time Study Participants

Health and Human Services Commission

HHSC Contractor

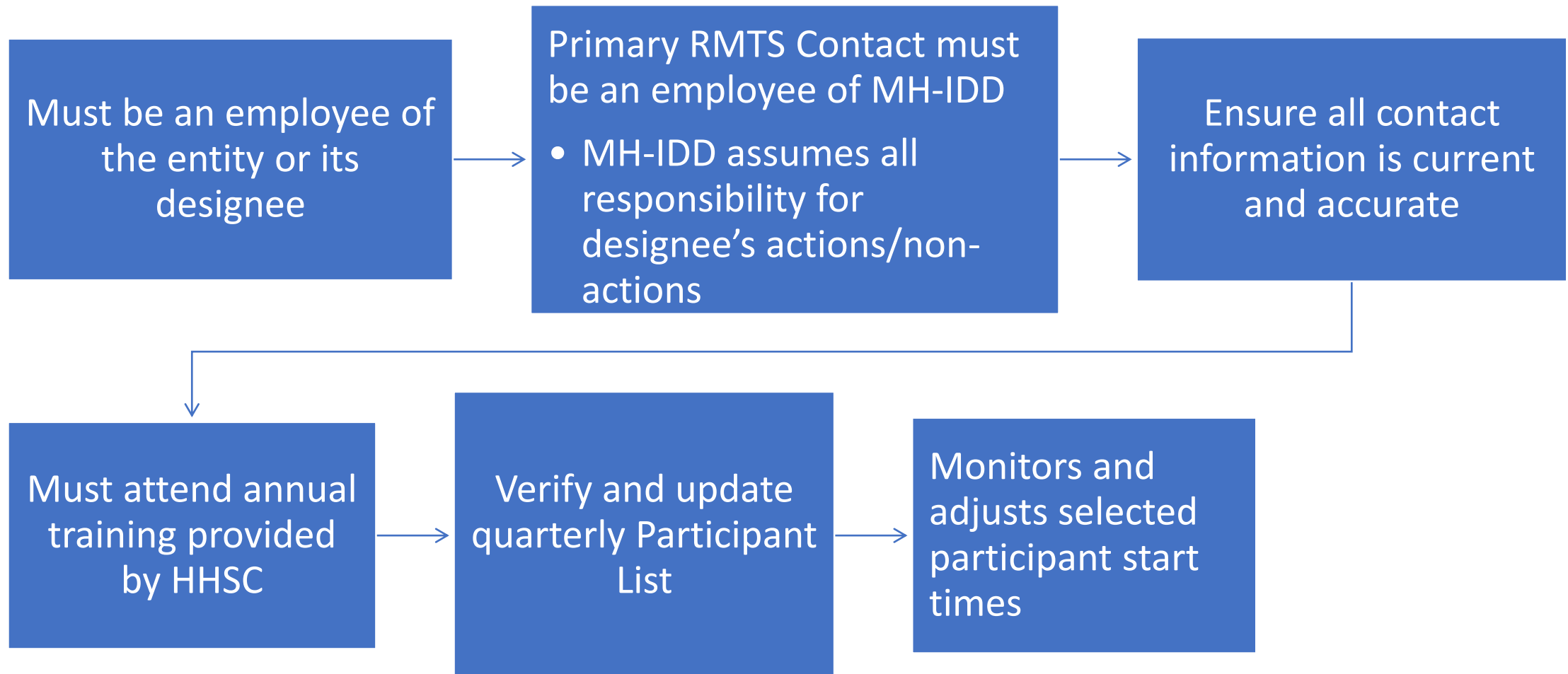
- Fairbanks LLC
- Technical Support
- Central Coding Staff

Chief Executive Officer (CEO)

- Must be designated as a contact in STAIRS. Username and password will be provided via E-mail
- Has the ability to add the “Primary” RMTS contact.
- Primary RMTS Contact can add Secondary Contacts

When a Primary or Secondary RMTS contact is added, it automatically generates an e-mail containing their username and password.

RMTS Contact



RMTS Contact

Provides RMTS
training to
sampled
participants



Provides
ongoing
technical
assistance to
participants



Ensure all contact information
is current and accurate

Receives weekly list of
participants that did not
respond to their moments
(document reason for missed
moments)



Contact can enter
paid and unpaid
time off for the
selected
participants when
they are
unavailable

RMTS Contact

(con't)

- The Time study participant should respond to their own moment if returning within 5 business days of their occurred moment.
- If the participant will not return within 5 business days of the moment occurring, the RMTS Contact will need to respond as “paid” or “unpaid” leave.
- Vacant positions should be responded to as “unpaid” leave. If a position has been filled, the selected moment should be forwarded to the new employee for response.
- If the position is filled after the 3-day notification has been e-mailed to the vacant position or the employee previously in that position, the new employee will have to use the username and password provided on the 3-day notification
- If a participant (contractor or regular) is selected for a moment but is working for another MH-IDD at the time of their moment, they will still respond to the moment and include the name of the MH-IDD they were located.

Managing The Time Study Sample



Welcome, ([Logout](#))

[Dashboard](#) [Participant List](#) [Time Study Sample](#) [MAC Financial Submission](#)

[Manage](#)

Open Quarter: July - September 2020

Quarter-to-Date Compliance

100%

Overall Compliance

25%

Open Quarter: July - September 2020 [Change Quarter](#)

(Training status: [full access](#))

[Download Sampled Usernames/Passwords to Distribute](#) [Reference Materials](#)

Adjusting Start Times - If you need to adjust the starting time of one of the individuals on this list, place a check in the box next to their name and click the "Edit" button. This will take you to the moment edit screen where you can adjust the start time. Once you are through, you can click save or cancel and you will be brought back to this screen.

[Paid Leave](#) [Unpaid Leave](#) [Edit](#)

Showing: 1 - 4

| | Job Category | Last Name | First Name | Email | Location | Employment Type | Moment ↑ | Shift Start Time | Is Certified |
|--------------------------|-----------------------|-----------|------------|-------|----------|-----------------|----------------------|------------------|--|
| | Direct Care Personnel | | | org | | Full Time | 07/07/2020, 04:15 PM | 8:00 AM | Certified 07/08/2020, 10:04 AM CDT Become |
| <input type="checkbox"/> | Direct Care Personnel | Vacant | Vacant | org | | Full Time | 08/05/2020 | 8:00 AM | Future Moment Become |
| <input type="checkbox"/> | Direct Care Personnel | | | org | | Full Time | 08/11/2020 | 8:00 AM | Future Moment Become |
| <input type="checkbox"/> | Direct Care Personnel | | | org | | Full Time | 08/17/2020 | 8:00 AM | Future Moment Become |

RMTS Information

[RMTS Information Website \(TX - HHSC\)](#)

MAC Information

[MAC Information Website \(TX - HHSC\)](#)

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

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Time Study Participant Responsibilities

Time Study Participant:

- Must answer the following to document the sampled moment:

What were you doing?

Why were you doing it?

What other services?

Where do they reside?

- Must attend annual training provided by trained RMTS Contact
- Participant notified of moment 3 days in advance
- Enter response within 5 business days of moment

(cont'd) Time Study
Participant

- Reminders sent to participants via e-mail at 24, 48, & 72 hrs.

Primary RMTS Contact copied on the 72-hour reminder

- Failure to enter the information will disqualify the moment
- Respond to follow-up questions from coders within 3 business days from receipt of e-mail.

Primary RMTS Contact will be copied on the e-mail

HHSC — Time Study Unit

Provides RMTS support and guidance

Provides training to RMTS Contacts

Provides training to Central Coders

Works with appropriate federal agencies to design and implement programs

Conducts ongoing program review to include:

- Time Study results
- Compliance with training requirements
- Documentation compliance

Sends out the non-compliance notification letters

Fairbanks

-

Central Coders

Central Coders

- Receive training from HHSC on activity codes
- Review the participant's response for the sampled moment
- Assign activity code using uniform time study codes
- Obtain clarifying information if needed from time study participants via follow-up e-mail within 3 business days of request.
- Moments and assigned codes are reviewed by a 2nd and 3rd coder for agreement and quality assurance.

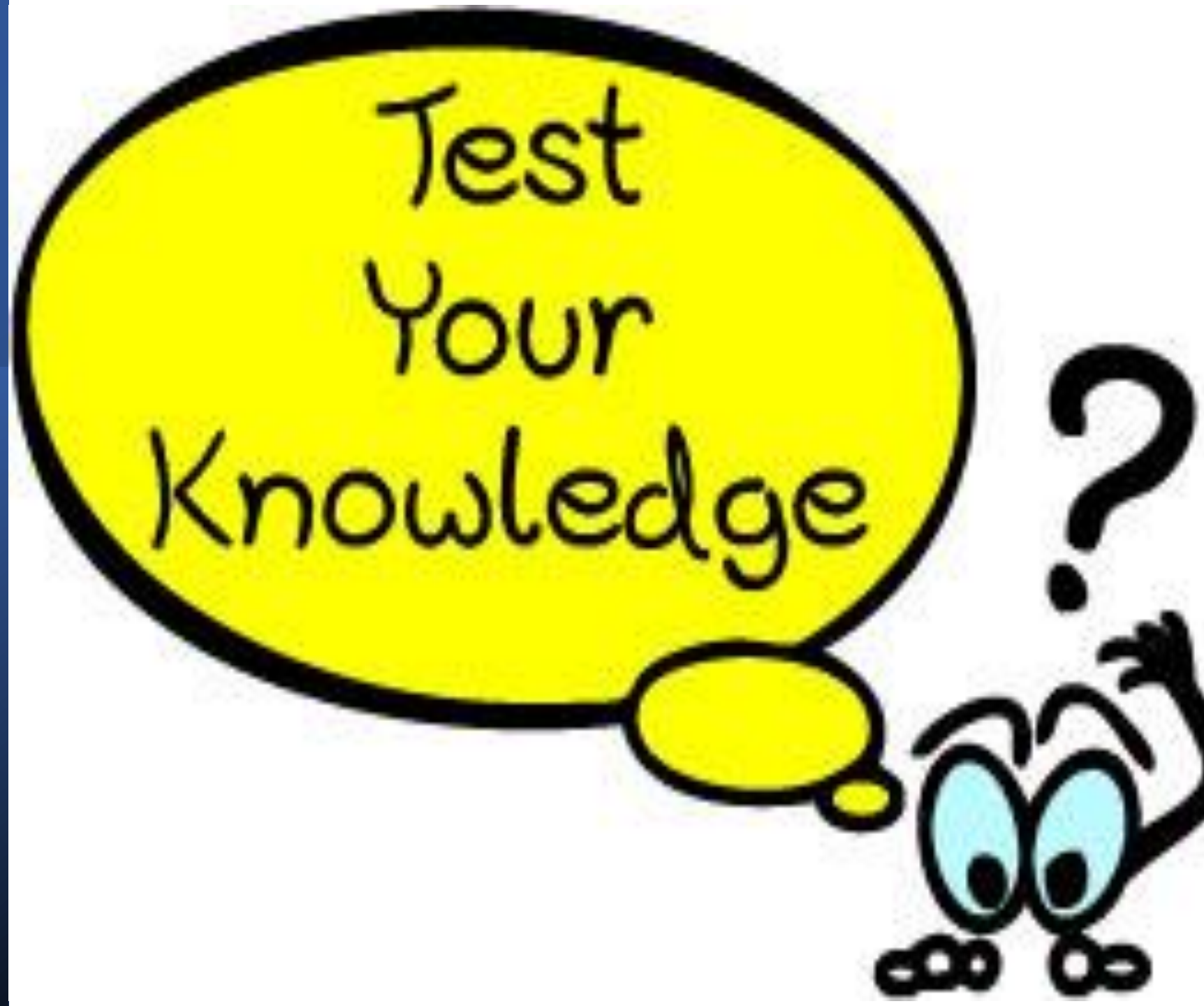
Fairbanks,
LLC.

-

Technical
Support

- Contracted by HHSC to operate and administer the web-based RMTS system
- Assist in annual training for RMTS Contacts
- Ongoing system support
- Send e-mail notification to selected participant 3 days prior to the sampled moment
- Send reminder e-mails for non-response to the sampled moment

Polling
Question



Polling Question

1. If a participant is selected for a “moment,” the participant should respond to the moment stating:
 - A. A summary of what their job duties are
 - B. What was specifically done at the time of their moment
 - C. What they were doing in that one minute of the moment
 - D. B&C
 - E. None of the above

Participant List- - Agenda



- Development
- Certification
- Who's In
- Drop Down Options
- System Demonstration

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PL - Development

The RMTS Contact provides a comprehensive list of staff eligible to participate in the RMTS at the beginning of each quarter in STAIRS.

A participant nor change position/function category cannot be added/deleted after the PL closes.

Each time the PL is updated, it is also certified.

The RMTS Contact must open the PL and click the “certify the PL” button prior to the deadline, even if there are no changes to the participant list from the previous quarter.

PL - Development

An accurate PL is a critical part for ensuring eligibility for MAC

- If the PL is not updated/certified by the deadline, the MH-IDD is ineligible to submit a MAC claim for that quarter

Reminder e-mails will be sent only to those MH-IDDs that have not certified their PL.

- If your MH-IDD receives an email, please check to make sure your districts PL has been certified.

The PL provides a basis to identify the positions that may be included in the MAC claim

- The positions that perform MAC activities should only be listed on the PL.

PL Development — Vacant Positions

Vacant Positions

Inconsistent implementations from year to year and entity to entity

- Only include Vacant position(s) anticipated on being filled during the quarter on the PL.
- Should be reviewed, edited and removed each quarter before the PL closes
- Loading the PL with vacant positions limits the opportunity for the selected moment to be a “reimbursable” response
- RMTS Contact responds to the moment as paid/unpaid leave
- Excess ultimately lowers the RMTS percentage across the State

PL Development — Duplicate Positions

Duplicate Positions

- Identify and Remove from PL
- If more than one job function is performed by the participant, include it only once on the PL in the category/function performed majority of the time.
- Email(s) will be sent to those entities identified as having possible duplicate entries.
- HHSC trained RMTS Contact will be responsible for removing duplicate entries prior to the PL close date.

To remove duplicates from the PL do the following:

Export your PL to Excel. Choose the column of data (e.g. address, external ID) that may have duplicates. Highlight that column and choose the “conditional formatting” option. You’ll see an option there to “highlight duplicate values”

It’s easy to identify and remove any duplicates.

Participant List - Who's In???

- Staff who perform MAC activities:
 - Regular duties on a weekly basis
 - Regular Staff
 - Federally funded employees
- Contractors (including all positions) who are not employees of the entity but provide services for entity.
 - For one position being filled by multiple contractors, it should be listed as one position on PL
 - For multiple positions filled by one or more contractors, then each position should be listed on PL.
- Vacant positions anticipated to be filled (with reasonably certainty) during the quarter.

PL Development - Drop Down Options

PL - Drop Down Options

- **Administrative Personnel**
- **Direct Care Personnel**
- **Other personnel with client/consumer contact**

PL Development - Drop Down Options

Administrative Personnel

- Contract management
- Director / manager / supervisor
- External / public relations
- Quality assurance / management
- Utilization management / service authorization
- Other administrative positions

PL Development - Drop Down Options

Direct Care Personnel

- Case management / service coordination
- Continuity of care
- Client / consumer supervision
- Counseling / psychological services
- Habilitation / rehabilitation / skills training
- Licensed medical personnel
- Other client / consumer service

PL Development
-
Drop Down
Options

Other Personnel with client/consumer contact

- Benefits assistance / eligibility
- Client / consumer rights
- Enrollment / intake / service eligibility
- Hotline / information line/ screening
- Transportation / van driver
- Other client / consumer support

PL Development — System Demonstration

Demonstration of RMTS online system:

- Participant List Development
- Managing Contacts
- Designating “Willing to Hire Out”
- Training Tracking
- Time Study Sample
- Monitoring Response Completion
- Documenting non-response

Polling
Question



Polling Question

2. To be included on the MAC claim and/or SHARS cost report, the position must be included on the PL. **True/False**
3. A Primary RMTS Contact does not have to be trained annually? **True/False**

Polling Question

4. Which of the following **IS NOT** a requirement for Random Moment Time Study participation?
- A. Certify the Participant List (PL) for each quarter
 - B. Have an “active” MAC contract
 - C. To meet the mandatory training requirements quarterly
 - D. Maintain the 85% response rate for selected moments

Time Study Moment — General Information



Total pool of moments calculation

(workdays in quarter) x (work hours each day) x (60) x (# of participants)



Time study “moments” are randomly selected throughout the entire quarter



A time study “moment” represents one minute at the selected time



If a participant is sampled for a “moment,” their only responsibility is to document what they were doing at that precise minute



Some options have “hover-over” and/or “question marks” that provide additional information that helps the participant make the best selection

Polling
Question



Polling Question

5. Districts should review and remove any duplicate positions on the PL before certifying. **True/False**

6. What is true about “Contract positions on the PL?”

- a. List each contracted person under one position
- b. List one position being filled by multiple
- c. Each contracted multiple position should be listed on PL.
- d. Contract positions do not belong on the PL
- e. B&C

RMTS Participant Moment

Demonstration of RMTS Online System:

- ☐ Sampling and Notification
- ☐ Participant Questions
- ☐ System Demonstration
- ☐ Moment Completion



E-mail sent to selected participants

Medicaid Random Moment Time Study JS20 - REMINDER

1 message

Fairbanks - Time Study <info@fairbanksllc.com>

Wed, Jul 8, 2020 at 5:10 AM

To:

This is a reminder that you have not completed the Random Moment Time Study for your entity. Below is the original email with your login and password information needed to complete the Time Study. We appreciate your time and effort in completing this task.

Name: [REDACTED]
Entity: [REDACTED]
Entity Contact: [REDACTED]
RMTS Category: Direct Care Personnel
Random Moment: 04:15 PM on 07/07/2020

You have been selected to participate in the Random Moment Time Study (RMTS) which is a brief online survey on behalf of your entity. Your participation is mandatory and assists your entity in obtaining reimbursement for Medicaid Administrative Claiming (MAC).

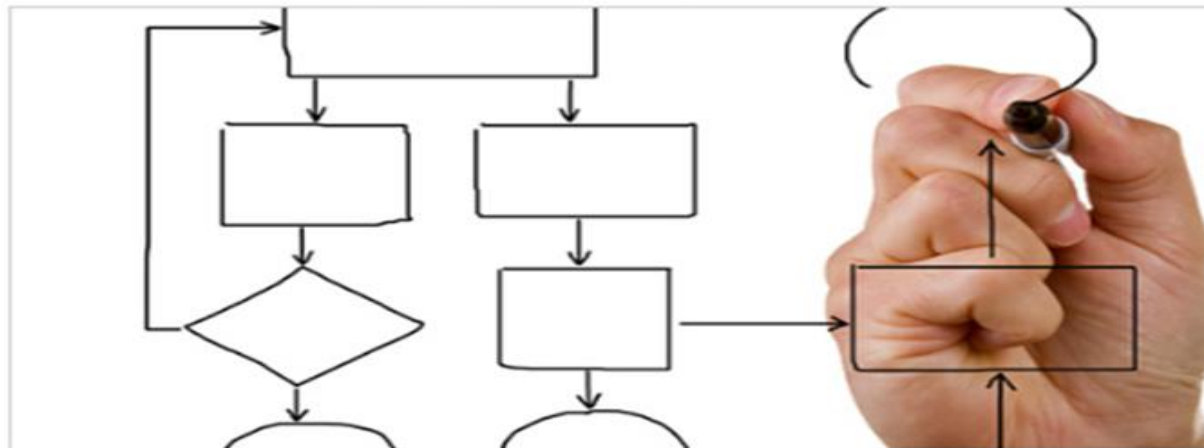
In order to complete the Random Moment Time Study, you will need to go to www.fairbanksllc.com and select CLIENT LOGIN (in upper right hand corner). You will then need to login with the information below and answer the questions asked to report the activity you were performing at your sampled moment of 04:15 PM on 07/07/2020.

User Name: [REDACTED]
Password: [REDACTED]

If you need any assistance or have any questions, please contact your RMTS Contact listed above or the Fairbanks support line at (888) 321-1225 or at info@fairbanksllc.com.

Moment – Notification Example

Moment – Web Page Screen

[About Us](#)[Services](#)[Clients](#)[News](#)[Careers](#)[Contact Us](#)[Client Login](#)[Alabama](#)[California](#)[Illinois](#)[Kentucky](#)[Missouri](#)[Nebraska](#)[New Mexico](#)[North Carolina](#)[Texas Cost Reporting](#)[Texas ECI](#)[Texas ISD](#)[Texas LHD](#)[Texas MH-IDD](#)

Define the
Develop the s

Uncompromised quality and client service.

Fairbanks provides a depth of industry, programmatic and technology expertise as well as an extensive geographical reach. We are a firm that is dedicated to each client's success, the excellence of our people, and a spirit of partnership. [More about Fairbanks LLC >](#)

What We Do

Fairbanks partners with government agencies to provide strategic, operational, and technology solutions to support Medicaid and other claiming programs.

[Our Services >](#)

Who We Work With

Fairbanks understands and is focused on the public sector. Our major clients include State Medicaid agencies and local government agencies.

[Our Clients >](#)


Moment – Log-in Screen

Fairbanks LLC MAC Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites RSS Feeds Mail Print WYSIWYG Printers People

Address <http://mac.fairbanksllc.com/login/> Go Links

**FAIRBANKS**
LLC

Login:

Your Password:

Login

Forgot your password? Reset it here: [Reset Password](#)

For questions, please contact Fairbanks Client Information Center: (888) 321-1225 or info@fairbanksllc.com
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Done Internet

Moment – Welcome Screen



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

Welcome to the Random Moment Time Study. Your participation in the random moment Time Study is an integral component for your program to receive Federal reimbursement and should only take a few minutes to complete.

Please complete the following screen indicating the activity that you were performing during your sampled date and time, providing as much detail as possible. If you have any questions, do not hesitate to contact the Fairbanks Client Information Center at (888) 321-1225.

[Start Random Moment Time Study](#)

Your Profile ([Edit](#))

Name: [redacted]

Email: [redacted]

Program: [redacted] (ECI)

MAC Category: Speech Language Pathologist -
Licensed (SLP)

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Moment – Instruction Screen

Random Moment Time Study

RMTS Training & Completion Instructions

You have been selected to participate in the Random Moment Time Study on behalf of your organization. You are required to complete the following Time Study questionnaire, which will ask you several questions that you will answer for your sampled date and time. The specific information that you provide on the Time Study is not shared with your organization, however it is reviewed by Fairbanks personnel and coded for Medicaid reimbursement purposes. As a result, it is important that you complete the Time Study accurately.


The following provides guidance on the accurate completion of the Time Study:

1. Please keep in mind that you are responding for one precise minute in time.
2. Choices are provided for your convenience. If you do not see a response that applies, click "other" and provide details.
3. If you use acronyms in the description of your activity, please provide a definition of the acronym.
4. If you were with a child, Do not provide client-specific names, instead your response can state that you were working with a child or group of children.
5. Some responses do not provide enough description. Examples of unacceptable responses:
 - "I was doing my job."
 - "I was completing my job responsibilities."
 - "I was completing this time study form."
6. If insufficient information is provided, you will receive a follow-up email or phone call requesting more information.
7. If you are travelling at the selected moment, please associate the time spent travelling with the activity you will be performing when you are done travelling. For example, travelling to a direct service appointment, the travel time is reported as direct service.
8. The term **caregiver** includes all individuals who are responsible for the child's safety and well being throughout the day. Examples: Parent, foster parent, extended family, daycare provider.
9. Time spent **travelling** to or from the activity is considered a part of that activity. For example, travel to a child's home to provide case management is considered as time spent providing case management.
10. Time spent **preparing** for the activity and **documenting** the activity are to be considered a part of that activity. For example, collecting the necessary forms in preparation of an evaluation is considered time spent performing the evaluation.

Please click on the button below to continue.

[Continue to Random Moment Time Study](#)

Your Profile ([Edit](#))

Name: 
Email: 
Program: 
(ECI)
MAC Category: Early Intervention Specialist
(EIS)

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Moment – Questions?

- ❑ **WHAT** were you doing?
- ❑ **WHY** were you doing it?
- ❑ **WHAT** other services?
- ❑ **WHERE** do they reside?

Moment — System Demonstration

Participants' Moment Demonstration


How Sample Participant's respond to their time study moment

Response – Question 1

















What were you doing?

Random Moment Time Study

 YOUR TIME STUDY IS NOT COMPLETE.

 Random Moment Time: 08/02/2013, 02:33 PM Central Time

Please specify the activity you were engaged in during your selected moment. If the activity you were performing is not on the list, please select 'None of the Above'

- | | |
|---|--|
| <input type="radio"/> Abnormal Involuntary Movement Scale (AIMS) | <input type="radio"/> Not at work |
| <input type="radio"/> Application for funding or monetary assistance | <input type="radio"/> Outreach  |
| <input type="radio"/> Befriending/engagement/rapport building  | <input type="radio"/> Policy development and program planning  |
| <input type="radio"/> Break | <input type="radio"/> Quality assurance/improvement/management  |
| <input type="radio"/> Client rights  | <input type="radio"/> Referral and linking to services |
| <input type="radio"/> Court testimony | <input type="radio"/> Residential services  |
| <input type="radio"/> Financial assistance  | <input type="radio"/> Screening |
| <input type="radio"/> General administrative function  | <input type="radio"/> Service provider network - including contractors  |
| <input type="radio"/> Intake  | <input type="radio"/> Service provider relations |
| <input type="radio"/> Interagency Coordination  | <input type="radio"/> Staff supervision  |
| <input type="radio"/> Lunch | <input type="radio"/> Staff training  |
| <input type="radio"/> Medical services  | <input type="radio"/> Translation |
| <input type="radio"/> Meeting/staffing | <input type="radio"/> Transportation  |
| <input type="radio"/> Money Follows the Person (MFP) services | <input type="radio"/> Utilization management/review |
| <input type="radio"/> Monitoring  | <input type="radio"/> None of the Above |

Next

Your Profile ([Edit](#))

Name: [redacted]


Email: [redacted]

Program: [redacted]

(MHMR)

MAC Category: Direct Care Personnel

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

General rule - try to select “None of the above” only as a last option after checking

Response – Question 1

What were you doing?



If None of the Above is selected


Welcome, [redacted] ([Logout](#))

Random Moment Time Study

 YOUR TIME STUDY IS NOT COMPLETE.

 Random Moment Time: 08/02/2013, 02:33 PM Central Time

Previous Answer:

 PLEASE SPECIFY THE ACTIVITY YOU WERE ENGAGED IN DURING YOUR SELECTED MOMENT. IF THE ACTIVITY YOU WERE PERFORMING IS NOT ON THE LIST, PLEASE SELECT 'NONE OF THE ABOVE'

[EDIT](#) NONE OF THE ABOVE

Were you engaged in:

- ☐ Mental Health specific activities
- ☐ Mental Retardation specific activities
- ☐ None of the Above

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]

Email: [redacted]

Program: [redacted]

(MHMR)

MAC Category: Direct Care Personnel

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Response – Question 1

What were you doing?
MH Specific Activities

Random Moment Time Study

⊘ YOUR TIME STUDY IS NOT COMPLETE.

⌚ Random Moment Time: 08/02/2013, 02:33 PM Central Time

Previous Answer:

✓ WERE YOU ENGAGED IN:
[EDIT](#) MENTAL HEALTH SPECIFIC ACTIVITIES

What type of Mental Health specific activities did you perform? If the activity you were performing is not on the list, please select 'None of the Above'

- | | |
|---|--|
| <input type="radio"/> Case Management - Routine or Intensive | <input type="radio"/> Parent Support Group |
| <input type="radio"/> Consumer Peer Support | <input type="radio"/> Pharmacological Management |
| <input type="radio"/> Counseling | <input type="radio"/> Pre-Admission Assessment ? |
| <input type="radio"/> Crisis Follow-up and Relapse Prevention | <input type="radio"/> Psychiatric Diagnostic Interview Examination |
| <input type="radio"/> Determination of Medical Necessity | <input type="radio"/> Rehabilitative services ? |
| <input type="radio"/> Discharge planning or ATP from a state hospital | <input type="radio"/> Respite Services |
| <input type="radio"/> Engagement Activity | <input type="radio"/> Safety Monitoring |
| <input type="radio"/> Extended Observation | <input type="radio"/> Supplemental Nursing Services |
| <input type="radio"/> Family Case Management | <input type="radio"/> Supported Employment |
| <input type="radio"/> Family Partner | <input type="radio"/> Supported Housing |
| <input type="radio"/> Family Training | <input type="radio"/> None of the Above |

Next

Your Profile ([Edit](#))

Name: [REDACTED]
Email: [REDACTED]
Program: [REDACTED] (MHMR)
MAC Category: Direct Care Personnel

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)


Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

If None of the Above -MH Specific Activities is selected


Response – Question 1


What were you doing?
IDD Specific Activities


 FAIRBANKS

Welcome, [\(Logout\)](#)



Random Moment Time Study

 YOUR TIME STUDY IS NOT COMPLETE.

 Random Moment Time: 08/02/2013, 02:33 PM Central Time


Previous Answer:
 WERE YOU ENGAGED IN:
[EDIT](#) MENTAL RETARDATION SPECIFIC ACTIVITIES

What type of Mental Retardation specific activities did you perform? If the activity you were performing is not on the list, please select 'None of the Above'

- ☐ Basic Service Coordination
- ☐ Capacity Assessment
- ☐ Community Services 
- ☐ Determination of Mental Retardation Priority Population
- ☐ Enrollment into HCS/ICF-MR/State Supported Living Center/TxHmL
- ☐ Home and Community-based Services (HCS)
- ☐ Interest list maintenance
- ☐ Inventory of Client and Agency Planning (ICAP) and Mental Retardation/Related Conditions (MR/RC) assessment
- ☐ Medicaid Estate Recovery Program (MERP)
- ☐ Service Authorization and Monitoring
- ☐ Service Coordination Assessment
- ☐ Service Coordination - HCS or TxHmL
- ☐ Transition planning 
- ☐ Texas Home Living (TxHmL) services
- ☐ None of the Above

Next

Your Profile [\(Edit\)](#)
Name:
Email:
Program:
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials
 [RMTS Information Website \(TX - HHSC\)](#)


Do You Need Help?
For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.


If None of the Above – MR (IDD) Specific Activities is selected.

Response – Question 2

Why were you doing this activity?

Random Moment Time Study

 **YOUR TIME STUDY IS NOT COMPLETE.**

 **Random Moment Time:** 08/02/2013, 02:33 PM Central Time

Previous Answer:

 **PLEASE SPECIFY THE ACTIVITY YOU WERE ENGAGED IN DURING YOUR SELECTED MOMENT. IF THE ACTIVITY YOU WERE PERFORMING IS NOT ON THE LIST, PLEASE SELECT 'NONE OF THE ABOVE'**
[EDIT](#) OUTREACH

Why were you doing this activity?

- ☐ To tell people about a service or to explain the benefits of a service
- ☐ To enroll the person or their child into a service
- ☐ To help the person navigate the service system
- ☐ To help the person or their child to obtain a needed service
- ☐ To coordinate services for someone
- ☐ To ensure that the client/consumer is benefiting from the service being provided
- ☐ To refer the person to a needed service
- ☐ To report on the client/consumer's progress
- ☐ To make sure the client(s)/consumer(s) present are safe and/or there are enough staff present
- ☐ To provide a service
- ☐ Other

[Next](#)

Your Profile ([Edit](#))

Name: [REDACTED]
Email: [REDACTED]
Program: [REDACTED]
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Response – Question 2

Why were you doing this activity

☐ **To tell someone about a service or to explain the benefits of a service**

Is the person or their child already receiving services from your agency?

Yes

No

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

☐ **To enroll the person in a needed service**

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

☐ **To help the person navigate the service system**

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

Response – Question 2

Why were you doing this activity

☐ **To help the person obtain a needed service**

Is the recipient or potential recipient
under the age of 21?

Yes

No

Identify the service (prompts service list)

☐ **To coordinate services for someone**

Is the recipient or potential recipient
under the age of 21?

Yes

No

Identify the service (prompts service list)

☐ **To ensure the benefit of provided services**

Is the recipient or potential recipient
under the age of 21?

Yes

No

Identify the service (prompts service list)

☐ **To refer the person to a needed service**

Is the recipient or potential recipient
under the age of 21?

Yes

No

Identify the service (prompts service list)

Response – Question 2

Why were you doing this activity

☐ To report on the person's progress

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

☐ To ensure the person's safety and adequate staff

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

☐ To provide a service

Is the recipient or potential recipient under the age of 21?

Yes

No

Identify the service (prompts service list)

☐ Other (text box)

(Explain why you were performing the activity)

Response – Question 2

Why were you doing this activity?
Secondary Question

Secondary Question: Is the person or their child already receiving services from your agency?



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Previous Answer:

WHY WERE YOU DOING THIS ACTIVITY?
[EDIT](#) TO TELL PEOPLE ABOUT A SERVICE OR TO EXPLAIN THE BENEFITS OF A SERVICE

Is the person or their child already receiving services from your agency?

- ☐ Yes
☐ No

[Next](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Service List

Academic / GED / school

Assistive technology services/devices

Audiology

Basic Service Coordination

Case Management routine or intensive

Community Living Options information process

Community Services (hover over) respite,
employment asst., nursing, day habilitation,
vocational training, etc.

Consumer Peer Support

Continuity of Services – IDD

Counseling

Crises Follow-up

Day Activity and Health Services (DAHS)

Day Care

Dental Care

Early Childhood Intervention

Employment/Vocational

Extended Observation

Family Case Management

Family Partner

Family Training

Genetic Counseling

HCS



Service List

Head Start

Home Health Care/DMEPOS

Homelessness/PATH

Hospice

Hotline

Housing

ICF-IDD/RC

In Home Family Support

Inventory of Client & Agency Planning

Legal

Medicaid Estate Recovery Program

Medical (hover over) hospital, lab, medication, nursing, physician, x-ray

Nutrition

Occupational Therapy

Parenting classes

Parenting Support Group

Permanency Planning

Physical therapy

Rehabilitation Services (hover over) Crises Intervention, Medication training and support, Psychosocial Rehab, Day programs acute need, Skills training and development



Service List

Residential services (hover over) Crises residential treatment, Crises Stabilization Unit, Residential treatment, ICF-IDD/RC, HCS, Family Living, Residential Living, Contracted Specialized Residences

Psychology

Respite

Safety Monitoring

Service Authorization and monitoring

Service Coordination – HCS or TxHmL

Speech therapy

Substance use, substance abuse, chemical dependency

Supplemental Nursing Services

Supported Employment

Supported Housing

Transportation

TxHmL

None of the above



Response

Question 3

What other services?

Does the client/consumer also receive:



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

YOUR TIME STUDY IS NOT COMPLETE.

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Previous Answer:

PLEASE IDENTIFY THE SERVICE/ACTIVITY THAT WAS DISCUSSED OR PERFORMED
[EDIT](#) AUDIOLOGY

Does the client/consumer also receive:

- ☒ Basic Service Coordination
- ☐ Case Management - Intensive or Routine
- ☐ Psychosocial Rehabilitative Services
- ☐ Service Coordination - HCS or TxHmL
- ☐ None of the above

[Cancel](#)

Your Profile ([Edit](#))

Name: [redacted]
Email: [redacted]
Program: [redacted]
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Response

-

Question 3

What other services?

What other services?

☐ Basic Service Coordination

Yes

No

☐ Case Management – Intensive or Routine

Yes

No

☐ Psychosocial Rehabilitative Services

Yes

No

☐ Service Coordination – HCS or TxHmL

Yes

No

☐ None of the above (text box)

Response – Question 4

Where do they reside?

Random Moment Time Study




 YOUR TIME STUDY IS NOT COMPLETE.

 Random Moment Time: 08/02/2013, 02:33 PM Central Time

Previous Answer:

 DOES THE CLIENT/CONSUMER ALSO RECEIVE:
[EDIT](#) BASIC SERVICE COORDINATION

Is the client/consumer currently admitted to, enrolled in, or residing in:

- ☐ Correctional facility 
- ☐ Early Childhood Intervention
- ☐ General medical hospital 
- ☐ HCS
- ☐ ICF-MR/RC
- ☐ Inpatient psychiatric treatment or substance abuse facility of 17 or more beds
- ☐ NorthSTAR
- ☐ Nursing facility 
- ☐ PATH
- ☐ TxHmL
- ☐ None of the above

[Next](#)

Your Profile ([Edit](#))

Name 
Email 
Program: 
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Is the client/consumer currently admitted to, enrolled in, or residing in?

Response - Question 4

Where do they reside?

Is the client/consumer currently admitted to, enrolled in, or residing in?

☐ Correctional facility

(hover over) Includes jail, detention center, boot camp

☐ Early Childhood Intervention

☐ General Medical Hospital

(hover over) Does not include day surgery or the emergency room

☐ HCS

☐ ICF-IDD/RC

(hover over) Includes State Supported Living Centers

Is the consumer within 180 days of discharge?

Yes

No

Are they being discharged to an inpatient psychiatric treatment or substance abuse facility, a correctional facility, nursing facility or State Supported Living Center?

Yes

No

Response - Question 4

Where do they reside?

Is the client/consumer currently admitted to, enrolled in, or residing in?

☐ Inpatient psychiatric treatment or substance abuse facility of 17 or more beds

☐ NorthSTAR

☐ Nursing facility (hover over) Nursing home

Are they within 180 days of discharge?

Yes

No

Are they being discharged to an inpatient psychiatric treatment or substance abuse facility, a correctional facility, ICF-IDD/RC, State Supported Living Center, or nursing facility?

Yes

No


☐ PATH


☐ TxHmL

☐ None of the above

Time Study Completion – Review Responses & submit.

Random Moment Time Study

 YOUR TIME STUDY IS NOT COMPLETE.

 Random Moment Time: 08/02/2013, 02:33 PM Central Time

You have completed the Random Moment Time Study. Please take a moment to review your answers, and make any corrections. When you are ready, please hit the "Certify & Submit" button to finalize your survey responses.

Please specify the activity you were engaged in during your selected moment. If the activity you were performing is not on the list, please select 'None of the Above'

[Edit](#) Screening

Why were you doing this activity?

[Edit](#) To coordinate services for someone

Is the recipient or potential recipient(s) of this service under the age of 21?

[Edit](#) No

Please identify the service/activity that was discussed or performed

[Edit](#) Audiology

Does the client/consumer also receive:

[Edit](#) None of the above

Is the client/consumer currently admitted to, enrolled in, or residing in:

[Edit](#) None of the above

[Certify & Submit](#)

Your Profile ([Edit](#))

Name: [REDACTED]

Email: [REDACTED]

Program

(MHMR)

MAC Category: Direct Care Personnel

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Time Study Completion

Printed completed RMTS .



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

✓ CONGRATULATIONS LAUREN OLVERA, YOU HAVE COMPLETED THE TIME STUDY!

Random Moment Time: 08/02/2013, 02:33 PM Central Time

Thank you for participating in the MAC time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now logout or close this window.

[Print](#) [Confirmation Receipt](#)

Your Profile

Name: [redacted]
Email: [redacted]
Program: [redacted]
(MHMR)
MAC Category: Direct Care Personnel

Reference Materials

[RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Time Study Completion

Printed confirmation



Welcome, [redacted] ([Logout](#))

Random Moment Time Study

✓ BERNIA MAYS, YOUR MAC TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT 06/10/2015, 10:00 AM CENTRAL TIME.

 Random Moment Time: 06/08/2015, 08:14 AM Central Time

Here are your answers:

Please specify the activity you were engaged in during your selected moment. If the activity you were performing is not on the list, please select 'None of the Above'

Not at work

If you were not at work, was this time:

Paid time off

Print

Your Profile

Name: [redacted]

Email: [redacted]

Program: [redacted]

MAC Category: Other Personnel with Client/Consumer Contact

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

Do You Need Help?

For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

Email Messages

Types of Communication managed predominantly via e-mail, i.e.:

- RMTS moment notifications and follow ups
- Participant list updates
- Compliance follow-ups
- MAC Financial notifications and follow-ups

You will receive messages based on your role in Fairbanks (RMTS, MAC Financial Contact, etc.)

- Authorize your MH-IDD e-mail system to accept emails from Fairbanks.
- Confirm with your IT staff to make sure that e-mails from info@fairbanksllc.com, and @hhsc.state.tx.us extensions pass through firewalls and spam filters.

Helpful Hints

Passwords

- Passwords will not change
- If you forget your password, you can reset it at the log-in screen

Managing Contacts

- Delete contacts no longer with your entity
- Do not back space and type over the name
- To add a contact in system, use the “Add a new contact”
Username & Password will be e-mailed
- Primary contacts can change primary status to a secondary. Secondary contacts cannot change to primary contact status.
- There is only one Primary contact for each role (RMTS and MAC Financial)
- Secondary Contacts are unlimited in number.

**For system questions contact Fairbanks support line:
(888) 321-1225**

WRAP-UP

Training credit cannot be applied until a STAIRS account has been created for you by the Primary RMTS or CEO.

There are
NO
certificates
for
training:

An email will be sent for attending today's training. It does not mean that you will receive training credit.

To view training attendance Information, click on the "Training" tab in STAIRS.

A maximum of 9 days processing time is required after attending training. Status will show "full" access once credit is applied.

"Full Access" allows RMTS Contacts to update/certify the participant list.

You can print this screen using the printer icon located on the top right corner of the screen for your records

Contact Information

Time Study

(512) 490-3194

Richard Baylie - **Director**

Ri-Chard Thomas – **Team Lead**

Alexandra Young – **Rate Analyst**

E-Mail Address

Timestudy@hhs.texas.gov

Website

<https://pfd.hhs.texas.gov/time-study/time-study-mental-healthintellectual-and-developmental-disability-mhidd>

Fairbanks, LLC.

(888) 321-1225

info@fairbanksllc.com

Thank you



Time Study Unit